

MAY 23 2006

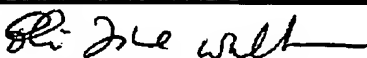
TRANSMITTAL FORM (to be used for all correspondence after initial filing) Total Number of Pages in This Submission: 7	Application Number	10/026,835
	Filing Date	December 27, 2001
	First Named Inventor	Robert E. Best, Jr.
	Art Unit	2623
	Examiner Name	Michael P. Van Handel
	Attorney Docket Number	BS01315

ENCLOSURES


(Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks:		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Name (Print/Type)	Bambi Faivre Walters	Reg. No.:	45,197
Signature			
Date	MAY 23, 2006		

CERTIFICATE OF TRANSMISSION / MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner For Patents, PO Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Name (Print/Type)	Maureen M. Pettine	Date	05/23/2006
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MAY 23 2006

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Robert E. Best, Jr. Group Art Unit: 2623
Application No.: 10/026,835 Examiner: Michael P. Van Handel
Filed: December 27, 2001 Docket No.: BLS01315
Title: "Remote Presence Recognition Information Delivery Systems and Methods"

VIA FACSIMILE 571-273-8300

Attn: Examiner Michael P. Van Handel

37 C.F.R. § 1.8 CERTIFICATE OF TRANSMISSION

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Maureen M. Pettine

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Signature

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Date of Transmission

INFORMATION DISCLOSURE STATEMENT

Pursuant to 37 CFR §§1.56, 1.97, and 1.98, the attention of the Patent and Trademark Office is hereby directed to the references listed on the attached Form PTO 1449 (page 1). The references are as follows:

4,439,784	Furukawa et al.	03/1984
4,769,697	Gilley et al.	09/1988
4,802,022	Harada, Takuji	01/1989
4,907,079	Turner et al.	03/1990
5,278,654	Yang, Jun-Hen	01/1994
5,793,409	Tetsumura, Toshio	08/1998
6,260,111	Craig et al.	07/2001
6,889,382	Anderson, Ken T.	05/2005
2004/0183749	Vertegaa, Roel	09/2004

05/24/2006 TL0111 00000029 10026835
01 FC:1806
108.08 0P

This Information Disclosure Statement is being submitted after the mailing of a first Office Action in this application and therefore, a certification fee is believed to be required (37 CFR § 1.97(b)(3)).

It is respectfully requested that the references listed on the attached forms be expressly considered by the Examiner and be made of record in the application and appear among the "References Cited" on any patent to issue therefrom.

Respectfully submitted,



Bambi F. Walters
Attorney for Applicants
Registration No. 45,197
P. O. Box 5743
Williamsburg, VA 23188
Telephone: 757.253.5729

Date: MAY 27, 2006

Please type a plus sign (+) inside this box → ☐

PTO/SB/08A (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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Substitute for form 1449/APTO

**INFORMATION DISCLOSURE
STATEMENT BY APPLICANT**

(use as many sheets as necessary)

Sheet

1

of

1

Complete if Known

Application Number	10/026,835
Filing Date	December 27, 2001
First Named Inventor	Robert E. Best, Jr.
Group Art Unit	2171
Examiner Name	Michael P. Van Handel
Attorney Docket Number	BS01315

U.S. PATENT DOCUMENTS

Examiner Initials*	Cite No. ¹	U.S. Patent Document		Name of Patentee or Applicant of Cited Document	Date of Publication of Cited Document MM-DD-YYYY	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
		Number	Kind Code ² (if known)			
		4,439,784		Furukawa et al.	03/27/1984	
		4,769,697		Gilley et al.	09/06/1988	
		4,802,022		Harada, Takuji	01/31/1989	
		4,907,079		Turner et al.	03/06/1990	
		5,278,654		Yang, Jun-Hen	01/11/1994	
		5,793,409		Tetsumura, Toshio	08/11/1998	
		6,260,111		Craig et al.	07/10/2001	
		6,889,382		Anderson, Ken T.	05/03/2005	
		2004/0183749		Vertegaal, Roel	09/23/2004	

FOREIGN PATENT DOCUMENTS

Examiner Initials*	Cite No. ¹	Foreign Patent Document			Name of Patentee or Applicant of Cited Document	Date of Publication of Cited Document MM-DD-YYYY	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	T ₆
		Office ³	Number ⁴	Kind Code ⁵ (if known)				

Examiner Signature

Date Considered

*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

¹ Unique citation designation number. ² See attached Kinds of U.S. Patent Documents. ³ Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3). ⁴ For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. ⁵ Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST. 16 if possible. ⁶ Applicant is to place a check mark here if English language Translation is attached.

Burden Hour Statement: This form is estimated to take 2.0 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

MAY 23 2006

**FEE TRANSMITTAL
for FY 2005**☐ Applicant claims small entity status. See 37 CFR 1.27

Application Number	10/026,835
Filing Date	December 27, 2001
First Named Inventor	Robert E. Best, Jr.
Examiner Name	Michael P. Van Handel
Art Unit	2171
Attorney Docket No.	BLS01315

TOTAL AMOUNT OF PAYMENT**\$180.00****METHOD OF PAYMENT (check all that apply)**☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other☐ Deposit Account

Deposit Account No. 19-2167

Deposit Account Name:

The Director is authorized to: (check all that apply)☒ Charge fee(s) indicated below☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17☒ Credit any overpayments**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	Fee (\$)	FILING FEES		SEARCH FEES		EXAMINATION FEES	
		Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEESFee Description

Each claim over 20 (including Reissues)

Each Independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims

- 20 or HP =

Extra ClaimsFee (\$)

x _____

Fee Paid (\$)

= _____

Fee (\$)Small Entity Fee (\$)

50

25

200

100

360

180

Multiple Dependent ClaimsFee (\$)Fee Paid (\$)

HP=highest number of independent claims paid for, if greater than 3.

Indep. Claims

- 3 or HP =

Extra ClaimsFee (\$)

x _____

Fee Paid (\$)

= _____

HP=highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250.00 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(e).

Total Sheets

- 100 =

Extra Sheets

150

____ (round up) x

Fee (\$)

_____ =

Fee Paid (\$)

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge):

Information Disclosure Statement**\$180.00****SUBMITTED BY:**Name (Print/Type)

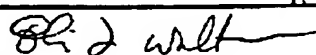
Bambi F. Walters

Registration No.
(Attorney/Agent)

45,197

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(757) 253-5729

SignatureDate

MAY 23, 2006

PAGE 6/7 * RCVD AT 5/23/2006 2:12:41 PM [Eastern Daylight Time] * SVR:USPTO-EFXRF-5/5 * DNIS:2738300 * CSTD:757 253 5729 * DURATION (mm:ss):04:24